



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED  
DIRECTOR

RE: CHILD WELFARE LICENSING APPLICATION – CHILD CARING INSTITUTION  
LICENSE

Dear Applicant:

The following is information regarding application for the above referenced facility type.

Instructions and additional materials are included which will assist you in completing the application.

Please return all of the completed and required application materials with a check or money order (which is non-refundable) payable to the "State of Michigan" for the appropriate license application fee to:

Michigan Department of Human Services  
Cashier's Office  
P.O. Box 30759  
Lansing, MI 48909-8150

For additional information, please contact the Licensing Unit at (517) 241-2488 or toll free 866-685-0006 or Fax at (517) 241-1680.

Thank you.

Enclosure

# **Child Caring Institution Licensing Process Explanation Sheet**

## **RULES AND PROCEDURES**

Become familiar with the administrative rules for child caring institutions and the following procedures in order to assist you in the licensing process.

### **SITE**

A license is to a specific person or organization to provide specific services, at a specific location, is non-transferable, and remains the property of the Department. Therefore, an institution must be established at a specific location.

Contact your local zoning board or comparable local authority. Obtaining a license for a child care institution (5 or more capacity) is contingent upon zoning authority.

### **ORIENTATION**

If you have not attended an orientation session, contact the area manager closest to you to discuss the requirements and licensing process (Deborah Clark – U.P. and Northern Michigan at 906-786-3802; Jackie Horton – middle Michigan and thumb area at 989-758-1754; Andrew McKellar – Flint and Mid-Michigan at 810-760-2598; Greg Corrigan – Southwest Michigan at 269-337-5066 or Linda Lee – Southeast Michigan at 734-665-4740). In signing the application, you agree to operate in compliance with the Act and Rules. You will want an opportunity to gain a clear understanding of the total process before you submit your application.

### **APPLICATION**

Complete and submit an application (BCAL-1074).

Submit your check or money order (**no cash**) to the address shown. This is a non-refundable fee.

Complete and submit Licensing Record Clearance Request (BCAL-1326). This form is required for the chief administrator of the organization. Please read both sides of the form before signing.

### **FACILITY INSPECTIONS**

Upon receipt of your application materials and application fee, the consultant will send you requests for fire safety and environment health inspections.

It is your responsibility to arrange for a fire safety inspection of the proposed facilities. A list of qualified fire safety inspectors is included in this packet. A fee may be charged. The completed inspection report must be forwarded to your consultant.

It is your responsibility to arrange for an environmental health inspection of the proposed facilities. The inspection request form is to be provided to the local health agency. A fee may be charged. The local health agency will send the completed inspection report to your consultant.

Any work requested in these inspections must be completed and the consultant notified of the completed prior to a licensing decision.

## **PROGRAM STATEMENT, POLICIES, PROCEDURES, RECORDS**

The consultant assigned will:

- Evaluate the application and other required application materials.
- Interview appropriate staff.
- Review written policies and procedures for all services to be provided.
- Review records and record keeping systems.
- Evaluate compliance with all child placing agency administrative rules.

### **LICENSING STUDY REPORT**

When all necessary materials and documents have been submitted and reviewed, any necessary corrections made, and the consultant has made an on-site visit, a determination will be made with regards to licensure.

You will receive a letter stating the licensing action taken and a copy of the Licensing Study Report.

If a license is issued, you will receive notification from the Department of Human Services, Division of Child Welfare Licensing, telling you when you may begin providing the services authorized.

If the license application is denied, you have the right to appeal the decision in accordance with 1973 PA 116, as amended, Section 12.

### **TIME FRAMES**

The amount of time required in issuing a license will depend upon completion of:

- Zoning approval.
- Licensing record clearances.
- Initial fire and health inspections.
- Consultant's on-site inspection.
- Completion of work required.
- Achievement of compliance with licensing statute and the administrative rules.
- Notification from the Department indicating the licensing consultant's decision.

Enclosures:

BCAL-1074 – Child Caring Institution Application

BCAL-1326 – Licensing Clearance Request

PUB-14 – 1973 PA 116

PUB-452 – Licensing Rules for Child Caring Institution

## **Licensing Fee Explanation Sheet**

Public law requires the collection of application fees for child care organizations (child caring institution).

The current application fees which must be paid and are non-refundable are:

<b>Application Type &amp; Capacity</b>	<b>Fee for an Original Application</b>	<b>Fee for a Renewal Application</b>
Child Caring Institution		
1 – 12	\$280.00	\$150.00
13 – 20	\$305.00	\$175.00
21 – 50	\$330.00	\$200.00
51+	\$355.00	\$225.00



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

DAVID C. HOLLISTER  
DIRECTOR

05/04/07

## **Director of Qualified Fire Safety Inspectors For Child Caring Institutions**

### Importance of Fire Safety

A fire safety inspection is a required part of the licensing process. It is a means of assuring that the building used for a child caring institution is in compliance with the essential fire safety licensing rules.

### Procedures for Requesting Fire Safety Plan Reviews

Architectural plan reviews are completed by the Department of Labor & Economic Growth, Bureau of Construction Codes and Fire Safety at no cost to the applicant or licensee. All required plan submittals must bear the seal of an architect or engineer registered with the State of Michigan and include the "Application for Child Care Plan Review" form. This form is available at the Bureau of Construction Codes and Fire Safety website. "Michigan.gov/bccfs," then "forms." Please submit plans to the address at the top of the form. New construction, additions, and remodeling projects are inspected by State Inspectors working for the Bureau of Construction Codes & Fire Safety.

### **Procedures for Requesting Fire Safety Inspections (bi-annual, conversions, consultations)**

Fire safety inspections are to be obtained by the applicant or licensee from either someone from the independent qualified fire inspector list OR if the facility is located within the City of Detroit, someone from the Detroit City Qualified Fire Inspector List.

Licensees are to arrange or contract with a qualified fire safety inspector and are responsible for the costs of obtaining the inspection. Only individuals who are identified on this list or those qualified within the City of Detroit are to be used. The Department of Human Services will not accept a fire safety inspection report from any other authority, individual or organization that is not on the current applicable list.

If you have any further questions regarding this program, please contact your licensing consultant or the Fire Safety Section, Building Division at 517-335-3529.

### **Approved Fire Inspectors**

Following is the list of independent and City of Detroit qualified fire inspectors approved by the Bureau of Construction Codes and Fire Safety to conduct bi-annual fire safety inspections for child caring institutions. This list has been arranged geographically starting in the upper peninsula.

*Providing for Michigan's Safety in the Built Environment*  
BUREAU OF CONSTRUCTION CODES & FIRE SAFETY  
P.O. BOX 30700 • LANSING, MICHIGAN 48909  
Phone (517) 335-3529 Fax (517) 241-6301  
[www.michigan.gov](http://www.michigan.gov)

## INDEPENDENT QUALIFIED FIRE INSPECTOR LIST

5/4/07

- |  |  |
|--|--|
| 1. Arthur E. Shaw<br>6336 Greenwood Rd.<br>Petoskey, MI 49770<br>(231) 838-8269                | 2. Donald R. St. Arnauld<br>503 West Ave. B<br>Newberry, MI 49868<br>(906) 293-5834                                      |
| 3. James L. Hall<br>105 Barbour St.<br>Coleman, MI 48618-0427<br>(989) 465-6557                | 4. Frederick C. Willie<br>6624 W. Bayshore Rd.<br>Traverse City, MI 49684<br>(231) 947-2238<br>(231) 631-7275 (Mobile)   |
| 5. Donald P. Couturier<br>11426 Teft Road<br>St. Charles, MI 48655<br>(989) 430-6334 (Mobile)  | 6. Linda Schlucter<br>11414 Spencer Rd.<br>Saginaw, MI 48609<br>(989) 792-9691 Ext. 202                                  |
| 7. Michael T. Larabel<br>1736 41st Street, S.W.<br>Wyoming, MI 49519<br>(616) 531-4818         | 8. Willie L. Miller<br>3413 Concord<br>Flint, MI 48504<br>(810) 238-0016   |
| 9. David R. Yarber<br>6140 Havelock<br>Clarkston, MI 48346<br>(248) 625-1424                   | 10. John J. Madden<br>225 W. Elm St.<br>Elsie, MI 48831<br>(989) 862-4825  |
| 11. John MacDougall<br>21316 Larkspur<br>Farmington, MI 48336<br>(248) 477-6145                | 12. Robert. D. Patrick<br>701 Oak Ridge Dr.<br>Brighton, MI 48116<br>(810) 227-6701                                      |
| 13. Derek K. Segars<br>P.O. Box 34003<br>Detroit, MI 48234<br>(313) 366-5444<br>(313) 796-5454 | 14. Sandra E. Slaton<br>48797 Lansdowne Ct.<br>Shelby Twp., MI 48317<br>(586) 322-4932 (Mobile)<br>(586) 739-0583 (Home) |
| 15. Joseph Otis<br>193 N. Clay St.<br>Coldwater, MI 49036<br>(517) 278-2643                    | 16. Darrell Saulsby<br>19405 Warrington Dr.<br>Detroit, MI 48221-1822<br>(313) 861-4066                                  |
| 17. Ed deVarona<br>29470 Middle Crossing Rd.<br>Dowagiac, MI 49047<br>(269) 782-5030           | 18. William L. Bammer<br>21953 Clear Lake Rd.<br>Battle Creek, MI 49017<br>(269) 962-0638                                |

## **City of Detroit Qualified Fire Inspector List**

5/4/07

### **DETROIT FIRE DEPARTMENT**

250 W. Larned  
Detroit, MI 48226  
(313) 596-2933

#### **Inspector(s)**

Darrell Saulsby  
Derek Segars  
Dwayne Small  
Osric Wilson  
David Tucker  
Myron Fortune  
Quinton Lavant

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR CHILD CARING INSTITUTION

### FACILITY INFORMATION

1. Enter name of institution as it is to appear on the license or certificate of approval.  
2 – 12. Enter appropriate information for the institution.

### APPLICANT ORGANIZATION INFORMATION

13. Enter legal name under which the applicant organization is incorporated, or the governmental unit, person, or partnership legally responsible.  
14 – 21. Enter the appropriate information for the applicant.  
22. Indicate destination where official licensing mail is to be directed.  
24. Indicate if the auspices is governmental or non-governmental.

### 25. TERMS INFORMATION

- Column 1. Enter the name of the building, unit, wing, or floor of the facility which will house the identified population.  
Column 2. Enter age range to be care for (Maximum age is 17).  
Column 3. Check male if only males are accepted or female if only females are accepted or enter co-ed where the location is not limited to specific number of either males or females.

- Column 4.
  - Open institution means an institution or facility, or portion thereof, which is used to house residents and which is not locked against egress, except for an approved behavior management room.

**OR**

- Secure institution means an institution or facility, or portion thereof, other than a behavior management room, used to retain residents in custody. Outside doors and individual sleeping rooms usually have locks preventing aggress from the building.

**OR**

- Column 5.
  - Short-term institution means an institution which primarily provides care for residents pending court action or other placement planning.

**OR**

- Column 6.
  - Treatment institution means an institution whose primary purpose and function is to provide habilitative or rehabilitative services.

Column 7. Enter capacity for the age range, sex, setting and program.  
Indicate yes or no. A behavior management room means a room or areas approved by the department licensing authority for the confinement or retention of a resident.  
The door to the room may be equipped with a security locking device which operates by means of a key or is electrically operated and which has a key override and emergency electrical back up in case of a power failure.

- 26 – 27. Indicate yes or no.

### APPLICATION DECLARATION STATEMENT INFORMATION

28. Signature of individual authorized to make application on behalf of the Application Organization.  
29. Enter title of person signing application.  
30. Date Signed.  
31 – 34. Enter the appropriate information for the person signing the application.

AUTHORITY:	Public Act 116 of 1973, as amended.	The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.
COMPLETION:	Is required.	
PENALTY:	Applicant cannot be licensed.	



# CHILD CARING INSTITUTION APPLICATION

Michigan Department of Human Services

(Follow Instructions on back of Application)

## FOR DHS USE ONLY:

License Number

Zoning Code

Paid Amount

Cashier

### OCAL USE ONLY

Application is:

☒ Original

☐ Renewal

☐ Change

### FACILITY INFORMATION

### APPLICANT ORGANIZATION INFORMATION

1. Facility Name		
2. Chief Administrator's Name		
3. Address (Street Number, Name, Suite, etc.)		
4. City	5. State	6. Zip Code
7. Mailing Address (if different) P.O. Box		8. P.O. Box Zip Code
9. Telephone Number ( )		10. County
11. Township	12 Zoning Authority for Facility <input type="checkbox"/> City/Village <input type="checkbox"/> Township <input type="checkbox"/> County	

13. Organization Name		
14. Applicant Representative		
15. Address (Street Number, Name, Suite, etc.)		
16. City	17. State	18. Zip Code
19. Mailing Address (if different) P.O. Box		20. P.O. Box Zip Code
21. Telephone Number ( )		22. Direct Mail To <input type="checkbox"/> Organization <input type="checkbox"/> Facility
23. Federal ID Number		24. Auspice Type <input type="checkbox"/> Non-governmental <input type="checkbox"/> Governmental

### TERMS INFORMATION

☐ Profit ☐ County ☐ State  
☐ Non-profit ☐ Federal ☐ Local

25. Terms Applied for Location	Age Range (Max Age 17)	Sex	Setting	Program	Capacity	Behavior Mgmt.Rm.
A	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
B	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
C	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
D	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
E	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
F	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
G	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No
H	FROM     TO	<input type="checkbox"/> Male <input type="checkbox"/> Co-ed <input type="checkbox"/> Female	<input type="checkbox"/> O-Open <input type="checkbox"/> S-Secure	<input type="checkbox"/> S-Short Term <input type="checkbox"/> T-Treatment		<input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No

Private Well ☐ Yes ☐ No Private Sewer ☐ Yes ☐ No

### TOTAL CAPACITY



26. Have any staff been convicted of an offense for other than a minor traffic violation?

☐ Yes ☐ No

27. Will this facility serve community mental health funded children?

☐ Yes ☐ No

### APPLICATION DECLARATION STATEMENT

- I have read Public Act 116 of 1973 or Public Act 280, as amended, and the Administrative Rules regulating the operation of the residential child caring facility indicated above and, if granted a license, certificate of approval, or certificate of inspection will endeavor to comply with the Act and these rules.
- In order to permit a proper determination of conformity with the rules, I give permission to the Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site evaluation of the proposed facility as described in Act 116. The investigation may include the securing of statements from references I submit, as well as from others who may make judgments as to my ability to comply with the rules.
- I certify that the employees of this institution are of good moral character as required by administrative rules.
- I hereby certify that any information I give in respect to this application and investigation will be, to the best of my ability, true and correct.

28. Authorized Signature	29. Title	30. Date	
31. Address (Street Number and Name)	32. City	33. State	34. Zip Code

## LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

**A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.**

AUTHORITY:	1973 PA 116 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	

# LICENSING RECORD CLEARANCE REQUEST

## STATE OF MICHIGAN

Department of Human Services  
Bureau of Children and Adult Licensing

<b>DIRECTIONS FOR COMPLETING FORM:</b> • Please read the accompanying instructions before completing this form. • Please type or print CLEARLY so that the information completed can be read. • Mail completed form to BCAL Central office.				<b>LIVESCAN FINGERPRINT REQUEST</b> <i>This section for day care only.</i> Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Day Care License)			
<b>SECTION I: REQUESTOR INFORMATION</b> (Must be completed by licensing consultant/worker)							
Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> </div> <div style="width: 50%;">           Department of Human Services            Bureau of Children and Adult Licensing            7109 W. Saginaw, 2nd Floor            P. O. Box 30650            Lansing, MI 48909-8150         </div> <div style="width: 40%;"> <input type="checkbox"/> </div> </div> </div>							
LICENSEE/APPLICANT NAME				County		LICENSE NUMBER (If assigned)	
LICENSE/APPLICATION TYPE <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input checked="" type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp							
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director							
<b>SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)</b>							
NAME (Last, First, Middle Jr., II, etc.)				SEX	BIRTH DATE		SOCIAL SECURITY NUMBER
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))				MICHIGAN DRIVERS LICENSE NUMBER	
ADDRESS (Street Number and Name)					HOW LONG HAVE YOU LIVED IN THIS STATE? _____		RACE _____
CITY		COUNTY	STATE	ZIP CODE	PHONE NUMBER		HEIGHT _____
						WEIGHT _____	
<ul style="list-style-type: none"> <li>I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.</li> <li>I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.</li> <li>I certify that the information I have given on the form is, to the best of my ability, true and correct.</li> <li>The Department may perform this check at any time while I am licensed.</li> </ul>							
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)							
SIGNATURE OF PERSON TO BE CLEARED						DATE	

<b>SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)</b>			<b>SECTION IV: CONVICTION CLEARANCE</b>		
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES		LICENSE NUMBER	INITIALS/CLEARANCE DATE		
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES			INITIALS/CLEARANCE DATE		
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES			INITIALS/CLEARANCE DATE		
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.					

# ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Human Services

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE AMOUNT OF THE FEE.

IF YOU INTEND TO MAIL THIS FORM TO THE LOCAL HEALTH DEPARTMENT, PLEASE ENCLOSE THE REQUIRED FEE AND COMPLETE ITEMS 4, 13 – 25: ITEMS 1 – 3 AND 5-12 TO BE COMPLETED BY LICENSING WORKER/CONSULTANT.

<div style="border: 1px solid black; padding: 10px; min-height: 100px;">Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Floor P. O. Box 30650 Lansing, MI 48909-8150</div>		1. License Number
		2. Expiration Date
		3. Status of License
		4. Proposed/Current Capacity <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> 1-20</span><span><input type="checkbox"/> 21-50</span><span><input type="checkbox"/> 51-100</span><span><input type="checkbox"/> 100+</span></div>
6. Name and Address of Health Inspection Agency		5. Please return the completed inspection report by this date:
		HEALTH DEPARTMENT TELEPHONE NUMBER
7. Water Supply and/or Sewage Disposal (Use BCAL-1788) <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Foster Family Home (1-4 children) <input type="checkbox"/> Foster Family Group Home (5-6 children) <input type="checkbox"/> Family Child Care Home (1-6 children) <input type="checkbox"/> Group Child Care Home (7-12 children) <input type="checkbox"/> Child Care Center</div><div style="width: 50%;"></div></div>		9. Reason for Inspection <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> New Application <input type="checkbox"/> Reinspection <input type="checkbox"/> Renewal Inspection  <input type="checkbox"/> Complaint (Specify in No. 24)</div><div style="width: 50%;"><input type="checkbox"/> Relocation <input type="checkbox"/> Addition/Plan Review <input type="checkbox"/> Proposed New Construction/ Plan Review  <input type="checkbox"/> Other (Specify in No. 24)</div></div>
8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use BCAL-1788 and BCAL-1789)  <input checked="" type="checkbox"/> Child Caring Institution  <input type="checkbox"/> Children's Camp  <input type="checkbox"/> Child Care Center  <input type="checkbox"/> Special Request (explain in No. 24)		10. Return Completed Inspection Report to (NAME OF AGENCY). Call 866-685-0006 for local office.
		11. Name of Licensing Worker <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> Telephone Number
		12. Address of Licensing Worker/Consultant (Number, Street) <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> City Zip Code
13. Name of Facility		23. Directions to Facility From Nearest Major Intersection
14. Name of Administrator/Contact Person		
15. Address of Facility (Number, Street)		
16. City	17. Township	24. Comments
18. County	19. Zip Code	
20. Facility Telephone Number	21. Alternate Telephone Number	
22. Date of Last Environmental Health Inspection		
25. To be completed by license applicant/licensee: I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Human Services of the facility indicated in box 13 of this document. <div style="text-align: right; margin-top: 20px;">_____ Signed Date</div>		
26. L.H.D. Use Fee Amount \$ _____ Payment made by check ( # _____ ), cash, other _____ Received by _____ Date _____		
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		AUTHORITY: 1973 PA 116 COMPLETION: Voluntary NON-COMPLETION: No license will be issued